BY ORDER OF THE COMMANDER
512TH AIRLIFT WING

512 AIRLIFT WING INSTRUCTION 48-101

15 APRIL 2003

Aerospace Medicine

TUBERCULOSIS DETECTION AND CONTROL

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

NOTICE: This publication is available digitally on the AFDPO WWW site at: **http://www.e-publishing.af.mil.**

OPR: 512 AMDS/SGS (Capt Kelley Aiken)

Certified by: 512 AW/CCE
(Lt Col Robert A. Mooney)
Pages: 2
Distribution: F

This Instruction implements AFI 48-115, *The Tuberculosis Detection and Control Program.* Use this reference and most current HQ AFRC/SG memorandum for information and procedures for detecting and preventing tuberculosis. This instruction applies to all 512th Airlift Wing members.

1. Responsibilities and Procedures:

1.1. Unit Commanders will ensure all personnel comply with annual IPPD (Purified Protein Derivative) testing/completion.

1.2. First Sergeants will ensure compliance after member's first notification via the Unit Health Monitor.

1.3. Unit Health Monitors will oversee the Tuberculosis (TB) Program for the unit in collaboration with the Wing Infection Control Officer.

1.3.1. Notify the unit member of IPPD status (overdue or incomplete IPPD test).

1.3.2. Unit roster with IPPD status will be reviewed annually or as needed. Proper notifications will be done.

1.4. The 512th Airlift Wing (512 AW) members are responsible for completing this annual requirement.

1.4.1. Wing members are having their IPPD test read within 48 – 72 hours.

1.4.2. Responsible for reporting IPPD test results to 512th Aerospace Medicine Squadron (512 AMDS) no later than the following UTA.

1.4.3. If positive IPPD and not LOD line test duty eligible as determined by the Public Health Office, member will be responsible for civilian treatment.

1.4.4. Responsible for providing all copies of civilian treatment paperwork to the 512th AMDS.

1.5. The 512th AMDS will supervise the Wing Tuberculosis Detection and Prevention Program.

1.5.1. Initiate and end profiles.

2. Terms Explained:

2.1. TB. Tuberculosis is a disease primarily of the lungs caused by an air-borne bacterium.

2.2. IPPD Skin Test. This test determine if a person has been exposed to TB.

2.3. Positive Reactor. A person is identified as a positive reactor if the induration at the site of the test measures 10 mm or greater.

2.4. CITA. Complete Immunization Tracking Application: System from which HQ gets statistics.

3. Program Procedures:

3.1. All Air Force Reserve personnel will be tested annually for TB.

3.2. Testing may be administered and read during annual tour or any other period in which personnel are available for at least 48 hours after the test is administered.

3.3. Unit Health Monitors should coordinate within their unit for an annual testing schedule.

3.4. If 512 AW members perform annual tour locally, the 512th Aerospace Medicine Squadron or 436th Medical Group (436 MG) will administer, interpret, and record results in CITA.

3.5. If 512 AW members are administered the IPPD tests during a UTA, results may be interpreted by a qualified civilian provider. Written documentation of results must be reported to the 512 AMDS no later than the following UTA.

3.6. If 512 AW members perform an annual tour away from Dover AFB, a qualified provider at the host facility may administer and read the IPPD test. Self-reading is not permissible. The member is responsible for providing documentation of test results to the 512 AMDS.

3.7. 512 AW personnel may have the test performed at a private or public health facility of their choice at their own expense. Written documentation must be returned to the 512 AMDS.

4. Both the 512th and 436th Public Health Offices will conduct the initial interview.

4.1. Eligibility for LOD will be determined.

4.1.1. If not eligible for LOD, 512th member will be referred to civilian provider.

4.1.2. If eligibility is determined by 512th Public Health Office, member will be referred to 436th Public Health Office.

4.1.3. The 436th Public Health Office will treat LOD eligible members IAW the MGI 48-107, *Tuberculosis Detection and Control Program.*

BRUCE E. DAVIS, Colonel, USAFR
Commander